AMENDMENT TRANSMITTAL LETTER					Docket No. 0933-0258PUS1	
Application No.		Filing Date		Examiner	Art Unit	
					1636	
opiicani(s). Hai	TISAVILANTIE	a.				
	ERY OF NUCL MBLED MU TR			OTIC GENOMES U ES	SING IN VITRO	
ommissioner for .O. Box 1450 lexandria, VA 22 Transmitted here	313-145	ndment in the	above-identif	ied application.		
The fee has been	n calculated an	d is transmitte	d as shown b	elow.		
			S AS AMEN	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	10	- 20 =		х	0.00	
Independent Claims	2	- 3 =		x	0.00	
Multiple Dependent Claims (check if applicable)					0.00	
Other fee (please specify):					0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00	
Large Entity Small Entity						
No addition	al fee is require	d for this ame	ndment.			
	ge Deposit Acc copy of this she			n the amount of \$ _		
A check in t	he amount of \$		is enclo	sed.		
Payment by	credit card. Fo	orm PTO-2038	is attached.			
X The Director		orized to char	ge and credit	Deposit Account No	02-2448	
x Credit a	ny overpaymer	nt.				
Charge	any additional fili	ing or application	on processing	fees required under 3	7 CFR 1.16 and 1.17.	
Do	Q			Dated: M	AP 0 4 2011	
Gelaid M. Mur Attorney Reg. I						
	RT, KOLASCH & Road, Suite 100 A 22040-0747					